Informatics in Primary Care 2010;18:79–80

In this issue

Looking beyond the National Programme for IT in primary care informatics

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Hayes principles for effective IT deployment

Informatics in Primary Care publishes an abridged version of the Hayes report; probably the most significant review of the UK National Programme for IT: Connecting for Health.[1] It sets out the principle that the top priority for the electronic patient record (EPR) is providing individual patient care. It is in many ways surprising that these principles need stating at all. However, it is all too easy for those charged with providing record systems to lose sight of this and for managerial goals to supplant the needs of effective patient care. It is conceivable that these may become the 'Hayes principles' which those developing health IT systems will forget at their peril:

- Top priority of the electronic patients' record is to prove individual patient care.
- Development of systems should be carried out as close as possible to the front-line clinicians who use them.
- Standards and frameworks are useful centralised functions.
- Imposing detailed technical solutions across large geographical areas is unlikely to succeed and should be abandoned.

The Editorial in this issue – discusses how these four principles might be applied to selecting what is good and should stay and what should be reviewed within the National Programme for IT.

A new tool to monitor patients and monitoring the risk from X-ray exposure

The next two papers describe new areas where we could do better. The first by Benson *et al*, describes a short quality of life questionnaire (QoL) which a patient could complete using a touch screen in seconds.[2] This short QoL questionnaire 'HowRU', actually only has four questions and four levels. It provides practices the ability to carry out rapid polls of their patients.

Following this Mola sets out how we might monitor the dose of radiation our patients receive as part of their routine care.[3] This is a really simple but hopefully readily achievable goal. Maybe the average dose could be added to each X-ray or imaging report –making it easier to keep a tally.

Scope to improve quality

The next two papers describe different aspects of current data quality. The first looks at the quality of drug information highlighting differences and missing functionality between systems.[4] The second reports the current low level of recording of adverse events in primary care.[5]

We also publish a research letter setting out how simple online language tools can be used to facilitate doctor–patient communication.[6]

Modelling the context of primary care informatics: using 'Complex Adaptive Systems'

One of the key challenges, for those of us involved in primary care informatics is how to model context. Ellis rises to this challenge encouraging us to see primary care as a complex adaptive system.[7]

The thesis of this paper is that for there to be effective governance you need complex social interactions as well as underpinning informatics.

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